



Dart Hawkesbury  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

D4037-1

Job Sheet 166732



Part No: D4037-1

Job Qty: 1 ea

Part Name: Aft Crossbeam



Part Weight: 0 lbs

Status: Scheduled

Priority: High

Job Created: 10/16/17

Job Tracking No:

Due Date: 10/27/17

Created By: Mario Poulin

Type: SOLD

Description:

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation              | Qty   | Due Date | Standard  |         | Workcenter/Supplier   |           |
|-------|------------------------|-------|----------|-----------|---------|-----------------------|-----------|
|       |                        |       |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |
| 90    | Start up Operation     | 1 Ea  | 10/26/17 | 0.00      | 0.00    | Start up container    |           |
| 100   | Waterjet               | 1 pcs | 10/26/17 | 0.00      | 0.89    | Waterjet1             |           |
| 110   | CNC Vertical Machining | 1 pcs | 10/26/17 | 0.00      | 3.70    | HAAS 1                |           |
| 120   | QC                     | 1 pcs | 10/26/17 | 0.00      | 0.00    | QC2                   |           |
| 130   | QC                     | 1 pcs | 10/26/17 | 0.00      | 0.00    | QC8                   |           |
| 140   | HandFinish             | 1 pcs | 10/26/17 | 0.00      | 0.19    | HandFinish1           |           |
| 150   | Powdercoat             | 1 pcs | 10/27/17 | 0.00      | 0.20    | Powdercoat1           |           |
| 160   | QC                     | 1 pcs | 10/27/17 | 0.00      | 0.00    | QC3                   |           |
| 170   | Packaging              | 1 pcs | 10/27/17 | 0.00      | 0.00    | Packaging3            |           |
| 180   | QC21-SA                | 1 Ea  | 10/27/17 | 0.00      | 0.00    | QC21                  |           |

Part Op 100 - Cut blank as per file D4037-1\_BLANK

Descriptions: 110 - MACHINE AS PER FOLI FA877 AND DWG

M13801H START: 3:20 OUT: 3:20 FINISH: 3:50.

### Job Allocations

| Operation             | Component Part       | Required | Inventory | Allocated | Std Qty |
|-----------------------|----------------------|----------|-----------|-----------|---------|
| 90-Start up Operation | M6061T6B1.000X16.000 | 4        | 2         | 0         | 0       |

### Part Specifications

Specifications could not be found.

Plex 10/16/17 11:08 AM dart.poulin.mario

POSITIVE RECALL

EFFECTIVE 11.13.17 AUTH

RELEASED DATE

Mat cuts.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                      |                       |  | Skid-tube <input type="checkbox"/> | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
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| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Cross tube <input type="checkbox"/>                                                                                                                                                | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Engineering <input type="checkbox"/> |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Small Fab <input type="checkbox"/>                                                                                                                                                 | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Quality <input type="checkbox"/>     |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Finishing <input type="checkbox"/>                                                                                                                                                 | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Other <input type="checkbox"/>       |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Composite <input type="checkbox"/>                                                                                                                                                 | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | MRB (QSI042) Approval |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                          |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| <div style="position: relative; width: 100%;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background-color: black; color: white; font-size: 2em; line-height: 1;">           PART NO: D4037-1<br/>           Revision: Operation: Start up Operation<br/>           Change No: Mfg Date: 11/17/17 Job No: 166732         </div> <div style="position: absolute; bottom: 0; left: 0; width: 100%; height: 100%; background-color: black; color: white; font-size: 1.5em; line-height: 1;">           Air Crossbeam<br/>           S010856<br/>           DART AEROSPACE         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Completed By<br><br>Lead hand / Supervisor Approval Verification<br><br>QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">Root Cause</th> </tr> <tr> <td style="width:15%;">Environment</td> <td style="width:15%;"><input type="checkbox"/></td> <td style="width:15%;">No Re-verfic</td> <td style="width:15%;"><input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td><input type="checkbox"/></td> <td>Operator</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Doc/Data</td> <td><input type="checkbox"/></td> <td>Offset/Setu</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling</td> <td><input type="checkbox"/></td> <td>Supplier</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre</td> <td><input type="checkbox"/></td> <td>Training</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Material</td> <td><input type="checkbox"/></td> <td>Use for Test</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Internal Transport</td> <td><input type="checkbox"/></td> <td>Poor Inform</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge</td> <td><input type="checkbox"/></td> <td>Rushing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOA</td> <td><input type="checkbox"/></td> <td>Product Improvement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Substation</td> <td><input type="checkbox"/></td> <td>Process Improvement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date</td> <td><input type="checkbox"/></td> <td>Manufacturing Process</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Misidentified</td> <td><input type="checkbox"/></td> <td>Past Due</td> <td><input type="checkbox"/></td> </tr> </table> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                       |  | Root Cause                         |                                     |                                    |                                      | Environment                        | <input type="checkbox"/>           | No Re-verfic                               | <input type="checkbox"/>         | Design                                 | <input type="checkbox"/>           | Operator                                     | <input type="checkbox"/>       | Doc/Data                           | <input type="checkbox"/>           | Offset/Setu                       | <input type="checkbox"/> | Equip/Tooling            | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Handling/Pre | <input type="checkbox"/> | Training                 | <input type="checkbox"/> | Material | <input type="checkbox"/> | Use for Test | <input type="checkbox"/> | Internal Transport       | <input type="checkbox"/> | Poor Inform | <input type="checkbox"/> | Tribal Knowledge | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | LOA | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Substation | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Past Expiry Date | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | Misidentified | <input type="checkbox"/> | Past Due | <input type="checkbox"/> |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                                                                                                           | No Re-verfic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>             |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                           | Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>             |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Doc/Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                           | Offset/Setu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>             |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                           | Supplier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>             |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                           | Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>             |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                                                                                                           | Use for Test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>             |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                           | Poor Inform                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>             |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                           | Rushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>             |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
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| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                           | Process Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>             |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                           | Manufacturing Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/>             |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                                                                                                           | Past Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>             |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: right;">Heat Treat</p> <p style="text-align: right;">Wave/Twist in Tube</p> <p style="text-align: right;">Marks/Chatter</p> </div> <div style="width: 45%;"> <p style="text-align: left;">Cut Too Short</p> <p style="text-align: left;">Instructions Incomplete/Unclear</p> <p style="text-align: left;">Drill Holes</p> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| <table style="width:100%; border: none;"> <tr> <td style="border: none;">Surge m</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Positioned Wrong</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Outside Dimensions</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Over/Under tolerance</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Part Incorrect</td> </tr> <tr> <td style="border: none;">Pulled</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Part Lost/Missing</td> </tr> <tr> <td style="border: none;">ence</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Part Moved</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Drawing</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Finish</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Misread</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Turning Sequence</td> </tr> </table>                                                                                                                                                                                  |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                       |  | Surge m                            | <input type="checkbox"/>            | Positioned Wrong                   |                                      | <input type="checkbox"/>           | Outside Dimensions                 |                                            | <input type="checkbox"/>         | Over/Under tolerance                   |                                    | <input type="checkbox"/>                     | Part Incorrect                 | Pulled                             | <input type="checkbox"/>           | Part Lost/Missing                 | ence                     | <input type="checkbox"/> | Part Moved               |          | <input type="checkbox"/> | Drawing      |                          | <input type="checkbox"/> | Finish                   |          | <input type="checkbox"/> | Misread      |                          | <input type="checkbox"/> | Turning Sequence         |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Surge m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                           | Positioned Wrong                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
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| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                       |  |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |                          |                          |          |                          |              |                          |                          |                          |          |                          |              |                          |                          |                          |             |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |



|                                            |  |                     |         |
|--------------------------------------------|--|---------------------|---------|
| <b>DART AEROSPACE LTD</b>                  |  | <b>Work Order:</b>  | 166732  |
| <b>Description:</b> Aft Crossbeam          |  | <b>Part Number:</b> | D4037-1 |
| <b>Inspection Dwg:</b> D4037 <b>Rev:</b> E |  | <b>Page 1 of 1</b>  |         |

### INSPECTION SHEET

| Drawing Dimension | Tolerance     | Actual Dimension | Accept   | Reject | Method of Inspection | Comments |
|-------------------|---------------|------------------|----------|--------|----------------------|----------|
| 0.530             | +/-0.010      | .524             | Pin gage |        | Pin gage             |          |
| 0.25              | +/-0.030      | .258             | ✓        |        | Micronote            |          |
| 2.00              | +/-0.030      | 2.005            | ✓        |        | Pin gage             |          |
| 2.75              | +/-0.030      | 2.752            | ✓        |        | Vernier              |          |
| 1.00              | +/-0.030      | 1.016            | ✓        |        | Micronote            |          |
| R0.032            | +/-0.010      | R.032 ok         | ✓        |        | Gaborit              |          |
| 42.87             | +/-0.030      | 42.875           | ✓        |        | Tape                 |          |
| 1.38              | +/-0.030      | 1.376            | ✓        |        | Vernier + pin        |          |
| 1.750             | +/-0.010      | 1.748            | ✓        |        | Vernier              |          |
| 2.125             | +/-0.010      | 2.124            | ✓        |        | Vernier              |          |
| 2.250             | +/-0.010      | 2.249            | ✓        |        | Vernier              |          |
| 0.875             | +/-0.010      | .876             | ✓        |        | Vernier              |          |
| 0.875             | +/-0.010      | .872             | ✓        |        | Vernier              |          |
| 6.000             | +/-0.010      | 6.000            | ✓        |        | Vernier              |          |
| 1.125             | +/-0.010      | 1.125            | ✓        |        | vernier              |          |
| 0.86              | +/-0.030      | .856             | ✓        |        | Vernier              |          |
| 1.38              | +/-0.030      | 1.376            | ✓        |        | Vernier              |          |
| 8.04              | +/-0.030      | 8.044            | ✓        |        | Vernier              |          |
| 5.29              | +/-0.030      | 5.292            | ✓        |        | high gage            |          |
| Ø0.316            | +0.006/-0.001 | .319             | ✓        |        | Pin gage             |          |
| Ø0.391            | +0.006/-0.001 | .390             | ✓        |        | Pin gage             |          |
| 0.38              | +/-0.030      | .375             | ✓        |        | Vernier              |          |
| 7.75              | +/-0.030      | 7.75             | ✓        |        | Vernier              |          |
| R0.63             | +/-0.030      | R.63 ok          | ✓        |        | Gaborit              |          |
| R1.00             | +/-0.030      | R.100 ok         | ✓        |        | Gaborit              |          |
|                   |               |                  |          |        |                      |          |
|                   |               |                  |          |        |                      |          |

|                     |            |                    |          |                      |  |
|---------------------|------------|--------------------|----------|----------------------|--|
| <b>Measured by:</b> | mepr       | <b>Checked by:</b> | mm L     | <b>QC Inspector:</b> |  |
| <b>Date:</b>        | 2017-11-16 | <b>Date:</b>       | 17/11/20 | <b>Date:</b>         |  |

|                                                |  |              |  |
|------------------------------------------------|--|--------------|--|
| <b>Engineering Approval:</b><br>(If necessary) |  | <b>Date:</b> |  |
|------------------------------------------------|--|--------------|--|

| Rev | Date     | Change                           | Revised by | Approved |
|-----|----------|----------------------------------|------------|----------|
| A   | 10.06.08 | New Issue                        | KJ         |          |
| B   | 11.06.21 | Dwg Rev updated                  | KJ         |          |
| C   | 17.07.13 | Dimensions updated per Dwg Rev E | KJ         |          |

(1.015) épaisseur plate

# Inspection Sheet Complete RA68

Customer QA Ref # SO131653

| Part Number | Batch / Serial # | Quantity | Part Complete                | Rev/CHG Current              | New Paperwork                           | New Labels                              | Disposition | Work order # | Work order Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------|------------------|----------|------------------------------|------------------------------|-----------------------------------------|-----------------------------------------|-------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 649.4701    | B165294          | 1        | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> Yes | MISSING     |              | <p>Customer return kit to be updated to latest change.</p> <p>Kits still in original package.</p> <p>Remove and scrap:</p> <ul style="list-style-type: none"> <li>• NAS1097AD4-3 M123648 1x</li> <li>• MS20470AD5-9 M12900 1x, M127615 3x</li> <li>• CR3214-5-02 M123648 2x</li> <li>• CR3213-5-05 M137988 7x, M123648 13x</li> </ul> <p>Remove and scrap the following and replace with latest revision:</p> <ul style="list-style-type: none"> <li>• 649.5112 B108918 1x</li> <li>• 649.5111 B126882 1x</li> <li>• 649.4813 B92930 4x</li> <li>• 649.4811 B92928 1x</li> <li>• 649.4816 B164270 3x</li> </ul> <p>Repackage as per Rev E, add any necessary hardware.</p> <p>Return to customer under new serial number, add new labels and paperwork.</p> |
| 0           |                  | 0        | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes            | <input type="checkbox"/> Yes            |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 0           |                  | 0        | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes            | <input type="checkbox"/> Yes            |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 0           |                  | 0        | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes            | <input type="checkbox"/> Yes            |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 0           |                  | 0        | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes            | <input type="checkbox"/> Yes            |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 0           |                  | 0        | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes            | <input type="checkbox"/> Yes            |             |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

QC Approval: P.D. \_\_\_\_\_

Date: 18-Nov-17 \_\_\_\_\_